

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATE FILINGS

APPROVED
1995

MAY 15 1995
STATE OF FLORIDA

DOCUMENT # **V39477** (7)

1. Corporation Name
ORVA, INC.

Principal Place of Business: **1245 NW 199 STREET MIAMI FL 33169**
Mailing Address: **1245 NW 199 STREET MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (2 digits)	3a. Date of Last Report
05/27/1992	05/11/1994
4. FCI Number	Applied For / Not Applicable
65-0336590	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Finance and Trust Funds Contribution	\$5.00 May Be Added to Fees
8. This corporation has submitted and accepted the limitations of 1994 (200) Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
State App # 01	State App # 01
22	27
City & State	City & State
23	28
City	City
24	29
State	State
25	30

9. Name and Address of Current Registered Agent

**ORTIZ, HECTOR H.
1245 NW 199 ST.
MIAMI FL 33169**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address - FCI/FLA Number - If Not Applicable	
B3. City	
B4. State	FL
B5. Zip Code	

11. I, the undersigned, the president or the holder of a majority of the shares of the Florida Statutes Article 60 Chapter 602 corporation, hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief. If the corporation is a foreign corporation, I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS

NAME	DPS ORTIZ, HECTOR H. 1245 NW 199 ST. MIAMI FL
ADDRESS	
PHONE	
DATE	
NAME	
ADDRESS	
PHONE	
DATE	
NAME	
ADDRESS	
PHONE	
DATE	
NAME	
ADDRESS	
PHONE	
DATE	
NAME	
ADDRESS	
PHONE	
DATE	

13. AUTHORIZED SIGNERS

NAME		TYPE	DATE
ADDRESS			
PHONE			
DATE			
NAME			
ADDRESS			
PHONE			
DATE			
NAME			
ADDRESS			
PHONE			
DATE			
NAME			
ADDRESS			
PHONE			
DATE			

14. I, the undersigned, certify that the information supplied with this report is complete and correct, and that the information is true and correct to the best of my knowledge and belief. If the corporation is a foreign corporation, I, the undersigned, certify that the information furnished in this report is true and correct to the best of my knowledge and belief.

SIGNATURE: *Hector Ortiz*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-15-95 - 300-309-0220